

FORM FOR CHECK REQUEST

INSTRUCTIONS:

- Complete the Check Request below, and submit the request with Invoice(s)/receipt(s) to the ASB Finance Office.
- Submit all original invoice(s)/receipt(s) for payment. Copies will NOT be accepted.
- Please print clearly.

CHECK REQUEST INFORMATION (please circle one):			
Vendor Payment (attach invoice) Or Reimbursement to Person (attach receipts)			
Purchase Order #: (required)			
Make check payable to:			
Mail check to this	address:		
Deliver check to Advisor's mailbox. Advisor's Name:			
Hold check in Finance Office for pickup			
CAN THIS PURCHASE ORDE	R BE CLOSED?		
YES – Close, there are no more invoice(s)/receipt(s) to be paid against this purchase order. NO – Keep open, there are more invoice(s)/receipt(s) to be paid against this purchase order.			
FINANCE OFFICE USE ON	LY:		
ASB M.M. Date:	Check #	Amount: \$	GL#: